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21 June 1984

WORLDWIDE REPORT

- EPIDEMIOLOGY

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BRIEFS

CHOLERA IN BAGERHAT--Bagerhat, April 12: Cholera that broke out in Bagerhat sadar and Swarankhola upazilas has taken an epidemic turn there, according to a report reaching here from the affected areas. The deaths of four persons were reported from the Bagerhat Hospital so far. But the Civil Surgeon though confirmed the death report said it was purely diarrhoeal cases. About 100 people were attacked by this water borne disease. It can be mentioned here that last year also about 200 people died of cholera in the same area. [Text] [Dhaka THE NEW NATION in English 13 Apr 84 p 1]

RAMGATI CHOLERA DEATHS--Ramgati (Lakshmipur), Apr 16: So far five persons died and more than 100 others are attacked with cholera in different areas of Ramgati upazila recently. According to delayed reports, Cholera has broken out in Char Ubhati, Char Martin, Char Falcon and Babur Char of the upazila. The disease has already claimed five lives and more than 100 persons are attacked with the disease in these areas. Besides, many people are learnt to have been infected with dysentery and many other stomach diseases. It is learnt that out of 1758 tubewells in the upazila, 400 tube-wells have gone out of order. People are reportedly using the water of canals and ponds which helps the spread of disease. It is alleged from various quarters that the concerned authority has not yet taken any step to save the lives of people attacked with the disease and if check further spread of the disease. It is further alleged that no saline or medicine is being supplied from the Govt Health Complex at Char Alexander without money. [Text] [Dhaka THE NEW NATION in English 18 Apr 84 p 2]

MADARIPUR CHOLERA REPORT--Madaripur, Apr 17: Six persons died of cholera and diarrhoeal diseases in two unions under Shibchar upazila and about 70 persons were attacked with the diseases during last few days. According to an official source, the affected villages are Mirjarchar, Charseakpur, Daksin Bashkandi, Sarkerarchar of Bashkandi and Bharatala unions under Shibchar upazila. [Text] [Dhaka THE NEW NATION in English 19 Apr 84 p 2]

DIARRHEA, CHOLERA, CHICKEN POX--Chittagong, Apr 20: Diarrhoeal disease breaking out in an epidemic form claimed 10 lives and made 100 others to suffer at different places under Lama upazila in last few days. Meanwhile, the upazila administration declared its entire jurisdiction as disaster area and appointed four medical teams to combat the disease. The local hospital has been filled

up with patients and running shortage of medicine and equipments. Chauddagram Correspondent writes Cholera has broken out in different villages of No-2 Ujeerpur Union under Chauddagram upazila. As many as 30 people of Belghar, Ujeerpur, Ramchandrapur, Chandsree villages have been attacked with the disease, it is reported. It may be mentioned here that scarcity of pure drinking water prevails in the locality following the sucking of all the underground level water by the deep tubewells, installed for irrigation purpose. Consequently, shallow tubewells are deprived of having its usual underground water. On the other hand, almost all the ponds and tanks have dried up. As a result, the local people have to drink the filthy water of the canals. It is generally felt that scarcity of pure drinking water is responsible for the outbreak of cholera in the locality. Our Pirojpur Correspondent reports: Sixteen persons died of cholera and 112 others were attacked with the disease during last three days. The local Civil Surgeon office however confirmed of four deaths. Meanwhile, chicken pox has already broken out in this upazila and 40 persons were attacked with the disease during the last seven days. [Text] [Dhaka THE NEW NATION in English 22 Apr 84 p 2]

CSO: 5450/0014

BRAZIL

BRIEFS

HEPATITIS CASES IN PARANA--A kind of "fulminating" hepatitis has already killed two persons in Jussara, northeastern Parana State, and the Public Health Department believes that this could be an epidemic outbreak because other cases have been detected recently. According to Dr Francisco Vieira, director of Sao Lucas Hospital, the disease could be coming from Destilaria Melhoramentos, a sugar mill 6 km from Jussara, where the two persons who died were employed. [Summary] [Rio de Janeiro O GLOBO in Portuguese 1 Jun 84 p 7 PY]

CSO: 3400/1044

UNFAVORABLE DEVELOPMENTS IN HEALTH SYSTEM NOTED

Bangkok BANGKOK POST in English 1 May 84 p 9

[Article by Min Thu: "'Fees' Creep into Burma's Health System"]

[Text]

NOT even the wheel chair or the stretcher moves until the operators are paid "tips." In socialist Burma, even some top medical specialists have been criticised for reportedly demanding exorbitant "fees" from patients at state-run hospitals all of which provide free medical services.

Burma spent \$66 million on health in 1983, a 23.3 per cent increase over the previous year. It provides citizens with free medical treatment at all state-run general, maternity and children's hospitals, and in out-patient departments, dispensaries and health centres. Everything from food, bed, bandages to medicines, injections and the services of specialists are free.

But informed sources say a few specialist surgeons and doctors were "questioned" by authorities for reportedly charging fees to treat, admit or operate on patients at state-run hospitals. Getting admissions to hospitals for treatment have reportedly become difficult. Everywhere, money allegedly talks, without which there is no treatment or medicine for the unfortunate poor no matter how seriously ill they are.

Some of the rich, the majority of them Chinese, are said to be responsible for this state of affairs. Wanting to get an edge on others, they grease the palms of the lowly-paid hospital staff, sources point out. These "tips" gradually turned into unlawful "fees" on which the list of those to be admitted, treated or operated upon is made at some places, according to senior medical sources.

Official statistics say there are 2.35 doctors for every 1,000 Burmese, while the nurse-patient ratio is 1.29 per 1,000. Under the National Health Plan, Burma plans to train 16,400 "barefoot doctors" (health workers) and 5,600 midwives.

PLAN

Launched as a five-year project in 1977, the plan has covered 147 of 314 towns and has trained 13,958 health workers during the period, 5,240 of them with World Health Organisation assistance.

Burma has been carrying out a seven-point health programme aimed at raising the general standard of health, narrowing the gap in health services between urban and rural areas, giving preference to preventive and indigenous medicine, and the provision of sanitation and safe water.

Still, there are no medical supplies at some 625 hospitals, 47 dispensaries, 1,337 rural health centres, 348 maternity and child health centres, and 64 regional health centres. Patients have been told to buy medicine from outside, a market where some doctors themselves dumped their monthly quotas of medical supplies. The supply is sold by the state for their private practice.

Burma's Health Minister Tun Wai recently told the Burma Medical Association "not to give priority to monetary considerations in their

dealings with the ill who should be treated equally."

The minister was probably hinting at some of the doctors in the state service who reportedly demand "fees" ranging from \$25 to \$100 (575-2,300 baht) for an admission, treatment or operation. Per capita income in this country is about \$65 (1,500 baht).

Burma has been increasing its health budget annually while expanding health services. But it could not absorb into state service the estimated 650 doctors graduating yearly. Some 450 of these graduates are absorbed once every two to three years into the state service. The rest are given a doctor's registration number and allowed to practise privately.

A fresh graduate is required to serve as a house surgeon for a year at state-run hospitals before being absorbed as a junior assistant surgeon at about \$31.25 (720 baht) a month. After that he becomes a senior assistant surgeon with a monthly pay of \$43.75 (1,000 baht).

REASON

Budgetary restrictions are the main reason for the low starting salary for doctors. But the salary increases as he gains more experience. A specialist is paid \$150 (3,450 baht) a month or about \$162.5 (3,740 baht) if he has teaching responsibilities. The salary rises to \$175 (4,025 baht) if he is also a professor.

The majority of junior doctors want to stay in Rangoon to learn and gain experience. They fear they would lose this chance once they are posted to remote regions.

Private practice in Rangoon and its suburbs could earn them a living. There they could always be in touch with the specialists should they need their advice. There is also another problem. Young doctors do not have much hope of getting further specialised training abroad. Most of those sent by the state from time to time are children of high-ranking officials.

Nepotism also prevails in appointments, promotions and transfers to the extent that young brilliant doctors with high aims to serve the state have become badly disillusioned or even cynical. "Not a few doctors who join government service find themselves in the situation when they are posted to a remote frontier area where there is no hospital or health centre," a young doctor said.

He added: "He is the 'nobody's child' of the health service posted to areas where security does not exist, communications relying on escorted army convoys an cut off from his family, with no papers or periodicals.

"Worst of all is the feeling that you have been neglected and forgotten by your superiors. You have become a cheaper expendable commodity — cheaper than medical equipment and drugs which are not sent for fear they will fall into the hands of the insurgents."

CSO: 5400/4422

Briefs

MALARIA ERADICATION--DESSIE (ENA)--Several thousands of residents were freed from malaria in the lowlands of Wollo region last year, following an eradication campaign launched in 263 kebele peasants' associations and urban areas. The campaign involved spraying house with pesticides, giving medical treatment to persons suffering from malaria and providing preventive means. Taking part in the campaign were 335 field workers supported by a considerable number of volunteers. Areas covered by the campaign were Awssa, Kalu, Ambasell and Raya-Kobo provinces. It was also reported that health education was given to the local populace emphasizing that residents should clean their immediate habitat and that decisions were made to train recruits from peasants' associations in malaria control. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 16 May 84 p 1]

CSO: 3400/1044

OFFICIALS FEAR SPREAD OF BACILLARY DYSENTERY

Calcutta THE STATESMAN in English 30 Apr 84 pp 1, 9

[Text] BACILLARY dysentery, which is now raging in West Bengal and has assumed epidemic proportions, is virtually impossible to control and may spread to the neighbouring States, experts of the National Institute of Cholera and Enteric Diseases, Calcutta, fear. The transmission of the disease occurs mostly from person to person, making it further difficult to control, Institute officials said on Friday.

Following a request by the State's Health Department, a team from the Institute investigated the outbreak and submitted its findings to the West Bengal Government. The disease has already spread to Calcutta and the bacillus has been isolated from patients at the Infectious Diseases Hospital and the Dr B. C. Roy Memorial Hospital for children, Calcutta.

The outbreak, according to the team's findings, is because of Shigella dysentery type I (Shiga's bacillus) which is an epidemic strain and is very difficult to control because a very small number--10 organisms only--are capable of producing the disease.

The team has also determined the drug sensitivity of the bacillus and all Shigella type I isolates were found to be resistant to common antibiotics.

According to the team's findings, these multiple drug-resistant strains might have spread from person to person because of poor sanitational facilities indiscriminate defecation and improper disposal of faecal excreta of patients. Acute scarcity of drinking water and unhygienic conditions had led to further deterioration. Because of the low infecting dose Shigellae are also known to spread through flies.

The experts substantiate their belief that the disease might have spread from person to person by pointing out that one of the members of the investigating team engaged in collecting faecal specimens fell sick and passed stool with blood and mucus and had abdominal cramps tenesmus and fever. These symptoms were identical to the clinical features of patients afflicted by bacillary dysentery. The team isolated Shigella dysentery type I from the afflicted team member and the strain showed an exactly similar drug sensitivity pattern.

Shigellae were however, sensitive to Nalidixic acid, Gentamycin and Kanamycin. Two strains of type I were partially sensitive to Neomycin.

Mr S. C. Pal, director of the Institute, said bacillary dysentery played havoc in Bangladesh between 1972 and 1978 and claimed a large number of lives. Institute experts are mystified as to how the disease spread to West Bengal so late. Mr Pal said: "We were anxious that the disease would spread to West Bengal when it was raging in Bangladesh". Investigations had revealed that bacillary dysentery had entered India through Tripura and West Bengal. The disease is still prevalent in Bangladesh.

Mr Pal said that the Institute had suggested the three categories of drugs mentioned ought to be used. This could cure the disease and bring down the death toll. Use of Nalidixic acid at the Infectious Diseases Hospital and the B.C. Roy Memorial Hospital for Children had shown good results, he said. The drugs mentioned, however, are expensive.

The team conducting the investigations had isolated 15 Shigella type I organisms at the ID Hospital and three at the Dr B. C. Roy Memorial Hospital for Children. While children were prone to attack, elderly people also needed to be careful. Mr Pal said Union Health Ministry officials were in constant touch with the Institute authorities. He felt the disease ought to be tackled on a war footing.

The investigation conducted in Dhamasin village under Pandua block in Hooghly found 91 cases among a total population of 937. The overall attack rate was 9.7%. The rate of attack was highest (22.7%) in the age group of less than one year. The investigating team collected epidemiological data by a house-to-house visit of the affected area. The team conducted sample surveys in a number of hospitals where patients had been admitted.

The Institute officials in their report to the State's Health Department have pointed out that health educational approach remained the major control strategy in these epidemics. The preventive measures "appeared to be all the more important during the current epidemic since the causative agent (Shigella dysentery type I) is highly resistant to most of the commonly used chemotherapeutic agents".

CSO: 5450/0016

LONGTERM SCHEMES TO COMBAT BACILLARY DYSENTERY PLANNED

Calcutta THE STATESMAN in English 9 May 84 pp 1, 3

[Text] A CONFERENCE of district magistrates will be held in Calcutta on Thursday to review the situation arising from the widespread outbreak of bacillary dysentery in almost all the districts of the State. It is expected to finalize long-term schemes to combat the disease, official sources said in Calcutta on Tuesday.

The disease claimed 42 more lives during the past 24 hours raising the toll of 1,494. About 42,740 people have till now been attacked with the disease. In Cooch Behar district there were 11 deaths and 723 attacks during the past 24 hours. The number of deaths in other districts ranged between two and four. Mr Ambarish Mukherjee, Minister of State for Health, said the declining trend in the incidence of bacillary dysentery was continuing.

Mr Mukherjee received a report on examination of bacillary dysentery cases by the National Institute of Cholera and Enteric Diseases. The institute examined 200 faecal samples brought from the district and city hospitals. Of them, 156 were taken from the Infectious Diseases Hospital, Beliaghata, and 61 of them contained the dreaded Shigella Type I bacteria. From the B C. Roy Memorial Hospital for Children 27 samples were taken. Eight of them had the Shigella Type I bacteria. The two samples procured from Bagnan Hospital, in Howrah, contained the bacteria. It was found in two of the seven samples collected from R. G. Kar Medical College Hospital.

Mr Mukherjee said that 50% of the 200 samples did not carry any Shigella bacteria and, hence, the patients must have readily responded to conventional treatment. The State Government would have to find out which medicine would suit most the patients afflicted with the Shigella Type I bacteria.

He said that during the day a 10-member team of experts of the Peoples' Relief Committee left for Cooch Behar to work among people afflicted with the disease. Bleaching powder was being sent to Purulia from Calcutta by truck as employees of the turck operators in the district had gone on strike.

Bacillary dysentery might have been caused by villagers being forced to drink impure water from ponds because the sub-soil water level had gone down following widespread use of shallow tubewells for irrigation purposes, according to a spokesman of the Indian Medical Association in Calcutta on Tuesday.

The spokesman pointed out that the hand pump tubewells sunk for the supply of drinking water in the rural areas had become defunct because the sub-soil water level had gone down. Villagers had been forced to use tanks for drinking water, bathing and washing. This, it was felt, had created a favourable environment for the growth and spread of dysentery over the past few years.

The IMA spokesman scoffed at the State Health Department's claim that all water sources in rural areas had been disinfected within 48 hours of the Government realizing, the seriousness of the afflictions. Had the Health Department achieved as much, the spread of bacillary dysentery would have been checked within a week, the spokesman said.

He pointed that it was impossible to disinfect all the water sources in the State and added that the State did not have adequate stocks of disinfectants, like bleaching powder.

The IMA spokesman said there was little scope for complacency because, if the monsoon was delayed, the epidemic would claim many more lives. He also warned that if the Press reports of 570 deaths in an outbreak of cholera in Bangladesh were true, there was every possibility of cholera spreading to West Bengal should the bacteria be carried along river water.

Medicines

Regarding the treatment of bacillary dysentery, the IMA spokesman said that the medicines found beneficial were nalidoxic acid, cotrimexazole and furazolidone.

The IMA felt that it was virtually impossible to supply water-purifying tablets to all villagers nor was it practical to ask them to boil drinking water. The association suggested that only tubewell water, where available, should be used for drinking and washing dishes on which food was served. Places where tubewells were not available one tank ought to be kept in reserve for drinking water which should be disinfected with bleaching powder. Yet another tank should be reserved for bathing purposes.

Since the disease was spreading from person to person it is necessary for mothers to trim their nails to prevent infectious stool from finding its way under the nails while attending to the child's toilet, people ought to be persuaded to wash their hands with soap before eating. Stale food ought to be avoided and food should be covered so as not to allow flies to settle on it. The IMA has instructed all its members in 125 branches in the State to help fight the disease.

Our Krishnagar Correspondent adds: The death toll in the district rose to 92 today. During the past 24 hours reports of five more deaths and 214 attacks were received by the control room here. The number of people attacked by the disease rose to 3,373, according to official sources.

CSO: 5450/0018

INDIA

OVER 100 BACILLARY DYSENTERY DEATHS REPORTED IN ASSAM

Calcutta THE STATESMAN in English 10 May 84 p 9

[Text] JORHAT, May 9--With the death toll in bacillary dysentery and gastro-enteritis mounting daily and its spread in a "epidemic form" mostly in the Brahmaputra Valley of Assam, the State Government has directed the district authorities and civic bodies to depute senior medical officers to villages to "supervise" treatment, water supply arrangements and preventive measure.

So far, during the past two weeks, over 100 people have died in all the districts and about 1,000 affected, it is learnt here.

A central medical team is arriving in Dibrugarh soon to survey the situation with the help of experts of the Assam Medical College, and recommend remedial measures before it spreads to other neighbouring States.

Some people in Shillong, Meghalaya, have already been affected by the disease. Arrangements have been made to check passengers coming from outside the State in Gauhati railway station.

The State Medical Minister, Mr Bhumidhar Barman, under the direction of the Chief Minister, Mr Saikia, is undertaking an extensive tour of the affected districts to make an on-the-spot study of the situation. The matter was discussed at an emergent meeting of the State Cabinet on Tuesday at Dispur, and the district authorities were directed to reinforce medical and other preventive measures and "suspend temporarily" the sale and purchase of milk, milk products like sweets, fruit and fish in affected areas. The Government has "directed" all civic bodies to see that drinking water is properly purified with chlorine and bleaching powder before it is supplied to the consumers, particularly hospitals and educational institutions.

But, unfortunately, in the "worst affected" area, Jorhat district, the water is not fit for "human consumption".

According to reports available here, Jorhat and Sibsagar are the "worst affected" areas in the State, where more than 50 people including children, have died so far, In Nowgong the toll is 22; in Tezpur, Dhubri and Goalpara 20; in Dibrugarh 10 and in Cachar two.

CSO: 5450/0019

INDIA

DYSENTERY DEATHS: FIGURES PROVIDED

Hong Kong AFP in English 1527 GMT 30 May 84

[Text] New Delhi, May 30 (AFP) — Nearly 2,000 people have died of various enteric diseases, including bacillary dysentery and gastroenteritis, in India in the past two months, PRESS TRUST OF INDIA (PTI) reported today. Bacillary dysentery, the main killer, reportedly travelled to India from Bangladesh.

Half a dozen states have been affected, with the most seriously hit being West Bengal, where officials said 1,759 people had died. Tripura, Assam, Bihar, and Orissa were also hit.

Official reports quoted by PTI from Gauhati, capital of Assam State which borders Bangladesh, said the epidemics had killed 205 people and affected 44,000 others there. Worst hit was Nowgong District with 85 deaths.

PTI said unconfirmed reports suggested the overall death toll was much higher but mentioned no estimates. An extensive drive to check the diseases is in progress, PTI said.

Officials of Nepal and India ended a two-day meeting in Lucknow, northern India, yesterday after deciding on new methods to check Malaria in border districts, a separate PTI dispatch said. PTI did not specify the new methods but added that the officials also decided to hold a quarterly exchange of information on malaria and agreed on the need for a joint system for immediate exchange of information. They will hold their next meeting in Katmandu in September or October.

Reports in some Indian newspapers recently suggested that the incidence of Malaria in this country has shown "a general decline" in recent years but that health officials were still concerned about the spreading of the fatal falciparum strain. This killer variety was previously detected mostly in Assam but was reported to have spread to the states of Kashmir, Rajasthan, Tamil Nadu, Uttar Pradesh, and Goa, and to the Andaman and Nicobar Islands in the Bay of Bengal. Estimates said 1.9 million Indians were afflicted with disease last year, with the falciparum strain accounting for about 10 to 20 percent of the cases.

CSO: 5400/4720

MEASLES IN WEST ACEH CAUSE DEATH

Jakarta SINAR HARAPAN in Indonesian 19 Mar 84 pp 1, 12

[Article: "20 Die From Measles in West Aceh"]

[Text] As of Saturday 17 March, an epidemic of measles which has spread throughout the residential area of Pantee Purba Ligan in the Samponiet Sub-district of West Aceh Regency has claimed 20 lives.

This vicious epidemic, spread by mosquitos, has raged through this residential area of 3,800 persons since early January 1984. Once infected the victims' skin soon breaks out in red spots. After several days their temperature rises, appetite declines, thirst increases and nausea sets in. Death occurs after 5 days.

At first, the epidemic struck only children from 1 to 5 years of age, but recently it has struck adults. Scores are receiving traditional medical treatment.

Epidemic Confirmed

When contacted by ANTARA, Dr Burhanuddin Yusuf, chief of the Project for Eradication of Contagious Diseases (P3M) for the Aceh Special Area health service confirmed that the Pantee Purba residential area has been experiencing an epidemic of measles for the past 3 months.

He stated that the means for relieving the public's anxiety over the threat posed by this epidemic has already been provided by a health team which administered free medical treatment on a mass basis. This team was personally led by Dr Nyoman Susen, chief of the P3M of the central department of health and several members of his staff this week.

For 2 days in the area affected by the measles epidemic, inoculations were given to help prevent further spread of the disease and to reduce the mortality rate among victims under 5 years of age.

8127

CSO: 5400/4407

BIG DROP IN NUMBER OF RABIES CASES RECORDED

Blantyre MALAWI NEWS in English 7-13 Apr 84 p 1

[Excerpts]

THE NUMBER of positive rabies cases recorded in the country over the past five years has declined by about 60 per cent from a record 302 cases in 1980, a spokesman of the Department of Veterinary Services said this week.

Last year the figure had dropped down to 185, the spokesman said.

Over the past five years a total of 1,162 positive cases were recorded throughout the country. Of the total, the Southern and Central Regions shared 44 per cent each of the cases while the remainder occurred in the Northern Region.

"Although there is a downward decline in the number of cases recorded, rabies is still a major problem in Malawi and an unvaccinated dog is a threat to human life," an official of the Department warned.

Only this week a woman is reported to have died of rabies after being bitten by a rabid cat in Mangochi in January this year.

"The highest incidence of rabies this year has been reported in urban centres, particularly in Blantyre, Lilongwe and Zomba and this is a result of the high concentration of the high human and canine population," the spokesman said.

Although all districts were routinely covered by the dog tie-up order, the control teams had noted that there were some people who were not taking their dogs for inoculations.

He also said that the Department also mounted emergency tie up orders whenever there was a sudden increase in the incidence of rabies in any district.

Last month some 225 people in Lilongwe district had to be vaccinated against rabies after eating or touching meat of a rabid cow which had died on its own.

CSO: 5400/135

BRIEFS

RABIES DEATH--A WOMAN has died from rabies after she was bitten by a cat early this year in Mangochi district, the Malawi News Agency reported yesterday. Mayi Melina Lesita, of Guma village in Chief Namkumba's area, was bitten by the cat in January. She did not go to hospital for treatment, apparently because she did not suspect the animal was rabid. Last month, however, her leg started to become paralysed and she became mentally disturbed. Relatives took her to Nkope hospital where rabies was confirmed. She was referred to the Mangochi District hospital, where she died two days after admission. Speaking at the funeral of late Mayi Lesta last Sunday, District Council member Mr. S. Y. Kamkwalala stressed the need for anyone bitten by an animal to report to a hospital or to the veterinary authorities as soon as possible to ascertain whether the animal was rabid. [Text] [Blantyre DAILY TIMES in English 6 Apr 84 pp1, 3]

LEPROSY TREATMENT BEST IN AFRICA--TWO Lepra officials announced this week that the British charity Lepra would give Malawi K800,000 to run Lepra projects in Malawi this year. The Malawi project is by far the biggest and the best run anywhere in Africa, officials said. From humble beginnings the Malawi project now encompasses the whole country, achieving phenomenal results. The Malawi approach to leprosy treatment using chemotherapy recently won acclaim at a leprosy congress which was held in India. Statistics show that 18,500 patients who have received the multi-drug therapy had been successfully treated and discharged. This shows that Lepra patients can be successfully treated so that they can become useful members of society. [Editorial: "LEPRA Success"] [Text] [Blantyre MALAWI NEWS in English 14-20 Apr 84 p 4]

CSO: 5400/135

MEXICO

BRIEFS

COLIMA ANTIMOSQUITO CAMPAIGN--The Mexican Social Security Institute (IMSS) will begin an intensive campaign in the state of Colima tomorrow against the mosquitoes that transmit malaria, encephalitis and dengue fever. It will be undertaken in coordination with federal agencies and with the staunch cooperation of the public. The IMSS pointed out that April was the month chosen to combat the mosquitoes on the basis of their reproductive cycles. It also said that a second phase of the intensive antimosquito campaign would begin this August. The municipal authorities of Tecoman, Armeria, El Paraiso, Pascuales and El Real and the people of Colima in general have joined in this campaign to prevent the mosquitoes from reproducing. The program will be directly run by the head of Coordinated Health Services in the state and by the IMSS State Delegation in Colima; its short-term goal is to prevent the outbreak of the aforementioned diseases. The mosquitoes will be combated with chemicals that are harmful to neither people nor domestic animals, inasmuch as they comply strictly with the standards established by the World Health Organization. [Text] [Mexico City EXCELSIOR in Spanish 15 Apr 84 p 5-A] 8743

CSO: 5400/2059

NEPAL

BRIEFS

GASTROENTERITIS, MEASLES DEATHS--Katmandu, 30 May (AFP)--At least 33 persons have died of gastroenteritis or measles in mid-mountainous western Nepal in the past two weeks, a Health Ministry official said. Nineteen people died at Mugu District, 340 kilometers (212 miles) northwest of Katmandu. Details of the deaths were unavailable, the source said. Meanwhile 14 children died from measles at Marmaparikath and Suikot villages in Sytan District, the official said. The office said 175 other children also were infected by the disease. Several deaths have occurred in the Katmandu valley from measles and gastroenteritis due to the consumption of unhygienic water, a public hospital source said. Several cases of typhoid were reported also in Katmandu town area, the source stated. [Text] [BK031439 Hong Kong AFP in English 0613 GMT 30 May 84]

CSO: 5400/4722

BRIEFS

CHICKEN POX OUTBREAK--REPORTS from hospitals and health centres in Owo division indicate that chicken pox is now rampant in the area. In a release issued from Owo Health Office and signed by the principal health superintendent in the area. Alhaji A. I. Erinfolami members of the public were urged to report such cases promptly to the nearest health clinic. Mr. Erinfolami implored people to avoid drinking water from doubtful sources. All food sellers were also advised to strictly comply with the minimum hygienic requirements stipulated by the health officer. [Text] [Lagos DAILY TIMES in English 28 Apr 84 p 5]

MEASLES IN KANO--THERE is an out-break of measles, the child killer disease in Kano. Report from hospital authorities, indicated that a number of lives have been claimed by the disease but giving no official figure. Though over two thousand children are believed to have suffered attacks, within the last two months, when I visited the Infectious Diseases Hospital (IDH), on Monday, only about 400, out-patients were in the queue awaiting their turn to see the doctors. The children's ward was also filled with admitted cases, mainly those below the age of seven years. When contacted on the issue, the Permanent Secretary in the Ministry of Health, Malam Bello B. Farouk, confirmed the story but wondered "why pressmen are always interested in the negative part of events". He however, disclosed that both the state and the federal governments were jointly combating the disease and that immunisation programmes have since been embarked upon. The ministry's scribe said his department was expecting some consignment of vaccines from Lagos and expressed the hope that the situation would soon improve. He, however, said that the government was still working on how much it had spent so far in bringing the situation under control. [By Sunday Etim] [Excerpts] [Kano SUNDAY TRIUMPH in English 1 Apr 84 p 16]

CSO: 3400/136

MINISTER SAYS IMMUNIZATION OF CHILDREN TO BE COMPLETED BY 1985

Karachi DAWN in English 24 May 84 p 2

[Text]

LAHORE, May 23: The Federal Minister for Planning and Development, Dr Mahbubul Haq, has expressed the hope that Pakistan will immunise its child population against six major diseases — measles, tetanus, TB, diptheria, polio and whooping cough — by the end of 1985 as against the target of 1990 set by the World Health Organisation for immunisation in the developing countries.

He was speaking at the inaugural session of the seminar on the Expanded Programme on Immunisation arranged by the Federal Ministry of Health in collaboration with WHO here today.

Dr Mahbub said that the Government had accelerated the immunisation campaign, and was giving it priority over all other health schemes.

Giving details of the immunisation rate, he said that in 1982, when the programme was launched, 3 million children were immunised. Nine million children had already been immunised during the current financial year. He said that the country had a backlog of about 15 million children who had not yet been immunised, but if the present rate of immunisation was maintained, all children under the age of five would have been immunised by the end of 1985.

The Federal Planning Minister said that the Government had earmarked Rs. 600 million for the EPI (Expanded Programme on Immunisation), of which Rs. 283 million would be spent on the training of personnel for immunisation, and rest on the purchase of medicines. "If needed, we will put in more money into the EPI", the Minister said. "The immunisation programme has gone along well, and our

efforts have been appreciated by the WHO."

He said that the Government was also applying the oral rehydration salt method. Some 10 million salt kits had been provided to various health organisations, against one million in 1982-83.

Dr Mahbubul Haq said that all-out efforts were being made to appoint midwives in villages. He added that in 1982 there were only ten thousand midwives in the country for 45,000 villages, and at the present rate it would have taken 35 years to meet the country's requirements. That is why the Government had accelerated its midwife-training programme, and every village would now have at least one midwife by 1986.

Dr Mahbub said that the Government was doing its best to minimise the infant mortality rate in the country, and claimed that the results achieved so far were gratifying.

Earlier, in his welcome address, the provincial Health Secretary, Brig. Manzoor Malik, gave a detailed account of the progress in the immunisation programme in the Punjab.

He said that out of 8.8 million children in the Punjab, about 7 million had been immunised, and immunisation services were being provided through 381 centres, where 866 trained teams were working. He said that the immunisation programme had been expanded to almost all tehsils of the province.

Brig. Manzoor Malik also recounted the measures the provincial government had taken to publicise the programme through the mass media.

APP adds: In his keynote address, Maj-Gen. M.I. Burney, Executive Director, National Institution for Health, and National Coordinator of EPI, Pakistan, said that according to a survey conducted in 1978, eighty per cent of affected children below the age of two died due to these diseases.

He said that under the accelerated programme, .6 million children were immunised in the first quarter of 1982, while during the first quarter of 1984 this number had increased to 5.8 million.

The message of Dr Hussain Gazairy, Regional Director, WHO and eastern Mediterranean Regional Organisation was also read out.

CSO: 5400/4721

ALARMING RISE IN TUBERCULOSIS PATIENTS REPORTED

Karachi DAWN in English 15 May 84 p 2

[Text]

FAISALABAD, May 14: The 20 years TB Eradication Project, which was launched in 1965, has not achieved the desired results. Instead, the percentage of T.B. patients, which was four at the start of project, has raised to 10 per cent at the end of the project and this alarming situation is a challenge for doctors. This was stated here by the famous chest and T.B. specialist.

Dr. Bashir Ahmad who addressed a conference on chest diseases which was organized by the Pakistan Medical Association, at the Senate Hall of the University of Agriculture.

Professor, Dr. Fateh Mohammad Choudhary, Principal, Punjab Medical College, was the chief guest, while Dr. Mrs. Altaf Bashir presided over the conference.

Dr. Bashir Ahmad further said that the T.B. bacilli have become resistant against most of the T.B. drugs and this has created a very serious problem for the treatment of T.B. patients. He said, as the advanced countries have controlled T.B. They have stopped research on T.B. drugs. Thus the medicines are very costly. We cannot afford these expensive imported drugs, which are beyond the reach of our patients.

He alleged that developing countries have become commercial markets for advanced countries, with doctors playing the role of agents. "Even our own drug man-

ufactures are imposing their drugs on us", Dr. Bashir Ahmed said. "We depend on the research of pharmaceutical companies, which is conducted by pharmacy graduates because doctors do not take interest in medical research."

The Government has also pointed out the dis-interest of doctors in medicinal research in the current Five Year Plan. Dr. Bashir Ahmed said as he emphasized the need for joint Doctor-pharmaceutical company research.

"Instead of depending on imported medicines, we should manufacture our own medicines in accordance with the climatic conditions, atmosphere and temperament of our people," he said.

Throwing light on the social aspects of T.B. Dr. Bashir Ahmed claimed that most of the causes for the growth of T.B. are social. After the establishment of Pakistan, T.B. brokeout in refugee camps areas, as is now evident from the Afghan refugee camps situation. Later on T.B. began to spread when the refugee families settled in narrow spaced houses and 'kachi abadies'. Low income groups who live in a dirty atmosphere often suffer from T.B. Dr. Bashir Ahmed reiterated.

Industrial development has provided job opportunities to a large number of people raised the country production and stabilized our economy yet, unhealthy conditions of textile flour mills, power looms, ginning factories and chemi-

cals industries have raised the chances of T.B. affecting the lungs. Similarly, barber, tailoring shops and hotels communicate the T.B. Myo Bacterium. He blamed most of the government doctors for not taking an interest in the treatment of T.B.

Dr. Bashir Ahmad further stated that the Government has chalked out a comprehensive programme in the current Five Year Plan for the eradication of T.B. A campaign has already been launched for the immunization of children against T.B. which will secure new generations against this disease. However, for the treatment of present T.B. patients, doctors should serve with a missionary zeal.

He said, the Social Welfare Department should also conduct a survey of T.B. patients with the help of doctors, Government departments, autonomous bodies and private concerns. For this treatment, the Social Welfare Department should seek financial assistance from Zakat Departments, local bodies, industrialists, traders and philanthropists.

Every Pakistani who is in a position to afford the expenditure of one T.B. treatment should be approached for this noble cause. With some efforts we can control T.B. especially as the number of doctors have increased in the country and the Government has established some basic health units and rural health centres.

PAPUA NEW GUINEA

BRIEFS

TUBERCULOSIS EPIDEMIC SPREADING--A tuberculosis epidemic is reportedly spreading rapidly through the Kabwum district of Morobe Province. An emergency report by the Deyamos community government said 124 persons had been treated in the Yalumet health centre over the past three months. It said about 50 people were being treated each month at the health centre but there were fears the numbers could increase. It is believed hundreds of other cases have not been reported due to the area's rugged terrain. "There must be an immediate vaccination team from the TB section of the Health Department sent into the area," the report said. The Kabwum MP, Mr Tani Kungo, said yesterday he would ask the Health Department to declare Kabwum an emergency area. [Text] [Port Moresby PAPUA NEW GUINEA POST COURIER in English 27 Apr 84 p 2]

CSO: 5400/4421

IMMUNIZATION FLAWS LEAVE CHILDREN DEFENSELESS

Manila BULLETIN TODAY in English 22 May 84 p 24

[Article by George Javier]

[Text]

Less than 10 per cent of children in the nation today are believed to have completed primary immunization required to protect them against a host of diseases, according to a medical paper.

The incomplete immunization helps explain why various infections take a huge toll among the children, specially those two years old and below and who belong to low-income families.

Low percentage of immunization further suggests flaws in the mass immunization campaign being waged by public health authorities among the children with assistance from the private sector.

Infants in the country are supposed to be given shots to guard them against diphtheria, pertussis, and tuberculosis (DPT) before they reach two years old.

There are about 27 million children in the country today, aged from below a year to 20, with 70 per cent of them residing in the rural areas.

Such a number of children provide an ample idea on how many of them are at-risk or without adequate safeguard against diseases, according to Dr. Carmelita Belmonte-Cuyugan and Rosalina Quimpo-de Sagun of the University of Santo Tomas Hospital.

Citing latest mortality statistics of the country, authors of the paper list the leading causes as pneumonias, tuberculosis, diseases of the heart, diseases of the vascular system, gastroenteritis and colitis. The five causes pertain to all ages.

In the case of infants under a year old, leading causes of death are pneumonia, birth injury, asphyxia, infection of the newborn, immaturity, congenital malformation, and gastroenteritis.

Leading causes of morbidity among Filipinos of all ages are influenza, gastroenteritis, colitis, bronchitis, emphysema, asthma, tuberculosis, and pneumonia.

In Metro Manila, the five leading diseases among children during the past three years are listed by the paper as pneumonia, bronchitis, tuberculosis, gastroenteritis, and influenza.

Results of a comparative study in immunization

practices of a well-baby clinic of a university hospital, under-six clinics of two urban and one rural hospitals were cited by the paper to support its estimate that less than 10 per cent of the nation's children complete the immunization requirement.

The study showed that only 3.3 per cent of children serviced by the four well-baby clinics completed primary immunization.

Given in three doses, babies who received the first dose constituted 80.1 per cent of the total; only 11.1 per cent at second doses, and a mere 5.5 per cent at the third dose.

Majority of the babies failed to complete the immunization because of illness on part of the child (91.6 per cent); mother too busy (6.9 per cent); and separation of child and mother due to travel on part of the latter (1.5 per cent).

The paper also notes that the average Filipino mothers do not receive sufficient information on the importance of having their babies complete the primary immunization.

Information received by the mothers on immunization often come from druggists, magazines, television advertisements, and from neighbors. The paper reports that only 13.5 per cent of the mothers inquired from medical personnel with such a percentage dividing into 8.1 per cent getting information from the well-baby clinics and 5.4 per cent from public health centers.

Referring to experience of the university hospital where they serve, Drs. Cuyugan and Sagun report that the "No. 1 killer of infants" is pneumonia "because the children are brought to the hospital either too late when the disease is severe, or because of underlying undernutrition and diminished immunological response of the patients."

They tag neonatal sepsis as the second ranking killer because infants "provide a fertile soil for the invasion of pathogenic organisms hence their vulnerability to infections plus lack of the early recognition by the parents that the baby is 'not doing well.'"

The paper notes that gastroenteritis has ceased to be a leading killer of infants as most parents today take their babies to the hospital when downed by such a affliction early enough for effective remedy.

However, the paper stresses that "infections and undernutrition are still the main problems" of child health in the country. It observes that a child suffering from malnourishment is highly vulnerable to various infections.

CSO: 5400/4424

HIGH CANCER RATE DICTATES NEED FOR MORE CLINICS

AU291129 Warsaw SZTANDAR MLODYCH in Polish 22 May 84 pp 1, 2

[Ewa Golanska report: "Every Fifth Pole Dies of Cancer!"]

[Text] As our unswerving statistics indicate, 80,000 people fall victim to malignant tumors each year and 60,000 die of this disease. This number is rising and one suspects that by the year 2000 it could reach 100,000 a year.

There are many reasons behind tumorous diseases (of which there about about 200 known forms at present). However, there is no doubt that the most important causes are smoking, the development of urbanization, and the growing number of people over 50 years of age whose immunity to this disease is lower.

However, I do not want to present a catastrophic vision of the future, because the science of oncology is striving to reduce this threat in the entire world, including, of course, in Poland.

The tasks facing this branch of medicine are exceptionally extensive and range from the search for the etiology of tumors, through preventive treatment of them, their cure, and recovery. The early diagnosis and treatment of this disease is exceptionally important for its cure, more so than with any other disease. However, one of the most common mistakes people make after diagnosis is to resign themselves to the worst. At the moment, the use of surgery as well as radio and chemotherapy gives good results concerning the elimination of many kinds of tumors. For example, 75 percent of women are cured of uterine cancer, 65 percent of cervical cancer, and 60 percent of cancer of the larynx.

Over 95 percent of men are cured of skin and lip cancer, and 60 percent of uretic cancer. These results are beginning to give us some hope for the future, although there are still many kinds of tumors where the recovery percentage is negligible or nonexistent, for instance, concerning liver and pancreatic cancer. However, in every case, the sooner treatment is administered, the greater the chance of recovery.

In Poland, some 15 specialist oncological health care teams are engaged with preventive medicine, treatment, and recovery from tumor-based diseases and have 3,600 beds and 45 clinics at their disposal. Hospitals are under construction in Gliwice, Kielce, Bydgoszcz, and Brzozow whose wards will include a total of 2,000 beds. However, the most important building investment is the Marie Sklodowska-Curie Oncological Center in the Warsaw district of Ursynow, the construction of which is being funded by the National Health Protection Fund and is planned to include 700 beds. It is, in accordance with population growth forecasts, expected to provide for the care of 5 million people from 5 central voivodships and deal with particularly difficult cases from the whole of Poland. At the moment, the first of the four parts of this huge construction has been handed over to radiotherapy to house the Oncology Institute. The first patients will be moved there at the beginning of June.

The construction of this project was begun in 1977 and should be completed by 1988, but work on it must be intensified if this date is to be a realistic estimate. Until now, the general contractor--Budopol Warszawa--the only contractor to remain on the job during the most difficult period, is leaving and is being replaced by other specialist enterprises from the country, including among others, contractors from Tarnobrzeg, Bialystok, Bydgoszcz, and Wroclaw. However, it is already evident that they will encounter enormous difficulties. It is not just that there is a labor shortage, for the fact remains that those who do come to work in Warsaw will be faced with the great problem of finding lodging....

Nor is there any doubt that it is already necessary to not only think about these issues, but that it is necessary to undertake intensive activities in order to build a housing base for the Center's employees--its doctors, nurses, and its entire highly qualified technical personnel who will be playing a special role in the servicing of the Center's unique apparatus.

Yesterday's [21 May] working meeting of the social committee for the building of the Oncology Center, which was chaired by Marian Wozniak, PZPR Central Committee Politburo member and first secretary of the Warsaw Voivodship PZPR Committee, was devoted to all these problems.

CSO: 5400/3008

ZIMBABWE

CHOLERA IN MOUNT DARWIN DISTRICT 'WELL UNDER CONTROL'

Harare THE HERALD in English 3 May 84 p 13

[Text] There has been a cholera outbreak in Mount Darwin district which has resulted in two deaths.

But the secretary in the Ministry of Health, Dr Office Chidede, said yesterday that health officials in the area had the situation "well under control" and that there had been no deaths since the outbreak was reported to him at the weekend.

Dr Chidede said the provincial medical director, Dr Richard Laing, had confirmed to him over the weekend two deaths as a result of cholera.

Suspected

The medical director also reported nine suspected cases of cholera. "Clinically they look like it but this has yet to be confirmed," he said.

Dr Chidede said Dr Laing had reported that the cholera outbreak had come to light after guests at a wedding party had complained of stomach problems after a feast.

"But the situation is well under control," he said. "We have since not had any reports of deaths and we are getting reports daily from Dr Laing."

Eradicate

Dr Chidede said the Ministry of Health had introduced measures to contain and eradicate the outbreak.

The measures, he said, included prophylaxis treatment for residents and visitors into the area, roadblocks in affected areas with bowlers available for safe drinking water.

The ministry had also banned the introduction into the area of fresh fruit and vegetables.--Ziana

CSO: 5400/132

INTER-AFRICAN AFFAIRS

BRIEFS

EEC AID FOR RINDERPEST--The Commission of the European Communities in Zimbabwe has issued a statement regarding the approval of a grant worth 4.1 million dollars to finance regional rinderpest control within South African Development Coordination Conference, SADCC, area. The statement says the project will be located in Tanzania which has recently been experiencing an outbreak of the disease in buffalo in the Serengeti and Ngorongoro national game parks. Rinderpest is a highly contagious disease and creates havoc in the cattle populations in eastern Southern Africa. The project envisages vaccination of animals to control the disease. [Text] [MB020916 Harare Domestic Service in English 0500 GMT 2 Jun 84]

CSO: 5400/140

BRAZIL

Briefs

FOOT AND MOUTH OUTBREAK--The great number of cases of foot and mouth disease in Ceara State has compelled state authorities to request an additional 300,000 doses of vaccine from the Agriculture Ministry. [Excerpt] [Brasilia Domestic Service in Portuguese 2200 GMT 11 Jun 84]

CSO: 5400/2071

ISRAEL

BRIEFS

CATTLE DISEASE IN NORTH--The veterinary services of the Ministry of Agriculture have imposed a countrywide ban on the transfer of breeding cattle, after hoof-and-mouth disease was diagnosed in dairy cattle farms in the Upper Galilee, near the Lebanese border. All Israeli territory on both sides of the Green Line in the north has been declared quarantined area until completion of the laboratory tests to identify the type of disease, which originated in Lebanon. The veterinary services have also banned the transfer of cattle for slaughter from contaminated regions, without a written permit. [Text] [TA071014 Tel Aviv MA'ARIV in Hebrew 7 Jun 84 p 21 TA]

CSO: 5400/4521

BRIEFS

LOCAL POULTRY VACCINE--THERE is new hope for Malawi's poultry farmers--vaccine against Newcastle disease could be made locally. It could also lead to savings in foreign exchange. Two experts from the Danish International Development Agency (Danida) were in the country to carry out a two-week probe of the possibilities for making the vaccine against a disease that causes coughing, rolling and twisting in chickens, leading to their death. Once affected, a whole flock has to be slaughtered and the carcasses destroyed and the coops cleaned and fumigated before new birds are introduced. "We have taken several tests and we will see what will come out of them," said Mr. John Nielsen, a Danida technical advisor, before departure. He was accompanied on the mission by Dr. M. Jensen, a specialist in poultry. [MALAWI NEWS AGENCY] [Text] [Blantyre DAILY TIMES in English 19 Apr 84 p 1]

RABIES PREVENTION--A RABIES tie-up order has been enforced in Salima. It started yesterday and will end on May 25, the Department of Veterinary Services announced in Lilongwe. Dogs will be shot on sight if they are not chained, said a spokesman. He said people should take cover when they hear a whistle which will be blown twice, or they could be shot by accident. [Excerpt] [Blantyre DAILY TIMES in English 2 May 84 p 1] There will be a dog tie-up-order in Mzimba and Nkhata Bay from May 21 to 23, it was learnt. During the tie-up-order, an anti-rabies vaccination exercise will be conducted in 28 areas in the two districts. On May 7 the campaign will start with the vaccination of dogs at Zolozolo school and the regional veterinary offices in Mzuzu from 7.00 to 11.00 in the morning. [Excerpts] [Blantyre DAILY TIMES in English 8 May 84 p 3] MZUZU. A dog-tie-up order will be in force in Mzimba East and Nkhata Bay West from May 21-23. The tie-up will follow an anti-rabies vaccination exercise to be conducted in 28 areas in the two districts, which starts at Zolozolo school and the regional veterinary office on Monday. [Text] [Blantyre MALAWI NEWS in English 5-11 May 84 p 8]

CSO: 5400/135

EFFORTS TO ERADICATE RINDERPEST YIELD RESULTS

Lagos BUSINESS TIMES in English 23 Apr 84 p 1

[Article by Dapo Ajibola]

[Text]

THE campaign, embarked upon by the Federal Livestock Department, to eradicate rinderpest incidence in the country has started yielding positive results, according to reports from the field.

During the first quarter of this year 139 outbreaks with 5,343 deaths were recorded. Compared, this was 40 per cent and 4 per cent respectively of the 345 outbreaks and 141,290 deaths recorded for the same period in 1983.

The decline, in the number of outbreaks, is indicative of the effective mass vaccination in 1983 which covered about 9 million heads of cattle.

There was a total of 1,100 outbreaks involving 9,083,901 heads of cattle (of the over 13 million in the whole country) with a mortality figure of 551,243 last year.

If the current efforts of the Federal Government to eradicate the epidemic is complemented by the State Governments, it is hoped that the national herd would by the end of the year have acquired immunised status which will be able to withstand exposures from infected animals from neighbouring countries. So far this year, a total of 2 million doses of Tissue Culture Rinderpest (TCR) vaccines from Britain and Kenya, have been distributed to ten states.

These are Gongola with 400,000 doses, Sokoto 200,000, Borno 200,000, Kaduna 200,000, Bauchi 200,000, Benue 100,000, Kwara 100,000, Plateau 200,000 Kano 200,000, Niger 100,000 with both Federal Capital Territory and Rinderpest Task Force getting 100,000 doses.

Last year, a total of 14 million vaccines and 9

million diluents were distributed for the same purpose with the following states given the highest number of vaccines; Gongola 2,700,200, TCR and 227,800 diluent, Sokoto 1,743,700 TCR and 712,000 diluent, Bauchi 1,653,900 TCR and 338,300 diluent, Borno 1,604,300 TCR and 1,004,800 diluents, Plateau 1,653,700 TCR and 133,300 diluent.

Lagos and Imo States without any reported rinderpest outbreak throughout the year got 300 and 8,000 TCR vaccines respectively.

The highest number of outbreaks were reported in Kaduna with 236 followed by Bauchi with 140; Niger with 135, Gongola with 102, Kano and Borno with 96 and 86 respectively.

Vaccination

Activities at eradicating the disease have not been restricted to the states only. Member countries of Lake Chad Basin Commission (LCBC) Nigeria, Chad, Niger and Cameroon have agreed on mass vaccination of their cattle population in order to control and eradicate rinderpest within the sub-region.

During the last meeting of the Nigeria/Niger Joint Commission Sub-Committee on Animal Diseases, held last year, both countries planned and agreed on a common strategy to control the spread between the two countries.

Further, the Food and Agricultural Organisation (FAO) has promised to provide Nigeria with 2 million doses of TCR vaccine, laboratory equipment for Veterinary Research Laboratory Vom, to aid local production of the vaccine.

SWINE CHOLERA VACCINE TRIED AGAINST ERYSIPELAS

Lima EL COMERCIO in Spanish 5 May 84 p A-9

[Text] The Ministry of Agriculture announced yesterday that mass vaccinations against hog cholera have been carried out on all the farms in the Lurin district and surrounding areas as a preventive measure to halt the spread of the unfamiliar disease known as swine erysipelas.

Constant inspections are also underway for the purpose of detecting the presence of any new outbreak of the disease in sufficient time.

According to the ministry, swine erysipelas, also known as diamond skin disease, attacks swine of any age, but generally those between the ages of 3 and 12 months, and it has significant implications for public health, since it can be transmitted to humans.

The symptoms of the disease are like those of hog cholera: an incubation period of from 3 to 4 days followed by vomiting, constipation alternating with diarrhea, and reddish spots on the abdomen, lower back, throat, and ears.

There is also cyanosis with cardiac deficiency.

In acute cases, the mortality rate ranges from 50 to 75 percent.

In chronic cases, the swine suffer considerable weight loss, stiffness in the joints, and skin lesions, rectangular or rhomboidal in shape, that shed their dead skin.

The ministry said that the appropriate action throughout Agrarian Region VI at the moment is primary in nature, the purpose being to deal with the zoonosis that has broken out in Lurin Valley.

The measures consist of control and eradication in production and slaughtering centers to ensure that the products in question will be safe for consumption when they reach the public.

It warned that since this is an exotic disease appearing for the first time and seriously endangering the country's swine population, owners and managers of hog farms "must comply with all the sanitary measures" indicated by the ministry and report immediately any health problems appearing on their farms.

BRIEFS

SPREAD OF MOKO DISEASE--ST. GEORGE'S, Fri., (Cana)--MOKO disease which is currently affecting the vital banana industry, mainly in large districts in Northern Grenada, might well spread throughout the island within the next three years, head of moko eradication team James Marrast said. The disease has started to spread to the south of the island. It is estimated to have already cause more than \$5 million in damage. Marrast said the banana industry was definitely threatened by moko and warned that if some farmers continued their present "negative attitude" the disease "would be very happy to cover the whole island in the near future." He spoke of some farmers actually preventing the moko eradication team from entering fields affected by the disease and using threats and abusive language. He added that while these people were engaged in such activities the bacteria which causes the disease was spreading. "If farmers are not careful, I am saying that within the next two to three years the disease would be occupying the whole of Grenada," Marrast said. The disease, which is also present in Jamaica, Guyana and Trinidad and Tobago, was first discovered here in 1978. Between November 1982 and March 1984 some 29,017 banana plants and 477 plaintain trees were destroyed because of moko infection. Banana exports to the United Kingdom declined from 9996 tonnes in 1982 to 8500 tonnes last year. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 26 May 84 p 5]

CSO: 5440/004

CVPD IN JAVA, OUTER ISLANDS REPORTED

Jakarta KOMPAS in Indonesian 20 Mar 84 p 2

[Article: "66,000 Tons of Citrus Fruit Lost as Result of CVPD"]

[Text] About 8 percent of all citrus trees in Indonesia have been struck by an epidemic of CVPD (Citrus Vein Phloem Degeneration). The disease has caused an estimated annual loss of more than 66,000 tons of citrus fruit valued at 26.4 billion rupiah.

This matter was reported by Engr Suhaedi Wiraatmaja, director general of Food Crop Agriculture, in his office last Saturday. He was accompanied by several members of his staff including Dr Engr Sadji Partoatmodjo, director of Food Crop Protection.

Director General Suhaedi admitted that CVPD disease is one of the obstacles to increased citrus production in Indonesia. Of the 39,925,463 citrus trees in Indonesia, excluding those in West Nusa Tenggara, Central Borneo, New Guinea and East Timor, as many as 3,334,004 are infected with CVPD.

Seven provinces have been affected by the epidemic. They are DKI [Special Capitol Region] Jakarta, West Java, Central Java, East Java, North Sumatra, South Sumatra and Lampung. The disease has been reported, though not at epidemic levels, in 6 other provinces: DI [Special Region] Yogyakarta, Bali, Jambi, South Sulawesi, South Sumatra, and DI Aceh. The presence of CVPD has not yet been reported in South Borneo, East Borneo, Central Sulawesi and Southeast Sulawesi.

West Java has the most citrus trees with 18,693,424, followed by Central Java with 6,123,365, Bali with 5,904,373 and East Java with 3,472,753. DKI Jakarta has the fewest trees with only 156,311. However, DKI [Jakarta] has the highest percentage of diseased trees with 97.91 percent, while West Java has 7.96 percent, Central Java 17.30 percent, East Java 2.29 percent and Bali only 0.14 percent.

9127

CSO: 5400/4407

BRIEFS

PEST ATTACKS RICE CROPS--While still threatened by floods, the entire rice crop is now faced with the threat of attack from tungro disease. This disease has spread to 12 rice-producing provinces including Bali, South Sumatra and Central Java. During a press conference Saturday afternoon, Engr Suhaedi Wiraatmaja, director general for the Food Crop Agriculture who was accompanied by several members of his staff, stated that 4,486 hectares, of which only 106 hectares is not rice-producing land, have been affected by tungro disease. Although the disease has not spread over vast regions since the affected areas are dispersed, a KOMPAS source stated that an eruption of the disease could threaten the entire rice crop. Tungro is one of the plant diseases known to be caused by a virus that is spread by the green rice beetle. It is very possible that tungro will continue to be widespread in Indonesia due to several factors which influence its existence, among them the disease source, the insect vector (green rice beetle), nonresistant rice plants, the method of continuously working the rice fields, and environmental conditions which support its development.

[Text] [Jakarta KOMPAS in Indonesian 19 Mar 84 p 2] 9127

CSO: 5400/4407

50 CENTERS OPENED TO COMBAT PEST ATTACKS IN SIND

Karachi DAWN in English 29 May 84 p 2

[Text]

HYDERABAD, May 28: Over 50 emergency centres have been opened in the province of Sind this year to combat any pest attack. This was stated by the Sind Secretary for Agriculture and Food Department, Mr Abdul Karim Lodhi, while addressing a one-day "Cotton Symposium" held at a local hotel, yesterday morning.

He said that the Government would give a subsidy for the purchase of sprayers so that growers benefit and crops be protected, while efforts would be made to easily provide pesticides and sprayers through private agencies.

Mr Lodhi urged growers to follow the latest results and technology for achieving maximum yield. He said; "with the united efforts of Agriculture Department we would be able to do what we desire".

Reviewing arrangements made by Agriculture Department for increasing cotton production in Sind, the Director-General, Agriculture Extension, Sind, Mr. Aftab Ahmed Khan, said that cotton was grown on an area of 14 lac acres in the province and a vigilance scheme had been launched in all seven cotton growing districts.

He said that Radio Pakistan would broadcast district weather forecasts with assistance from the Meteorological Department. Mass

information and training programmes have also been motivated in rural areas of the province.

Mr. Aftab further informed that a soil testing laboratory set-up at Tandojam, would start functioning from next financial year.

The Vice-President, Pakistan Central Cotton Committee, Dr. Hashamul Haq, analysed cases of failure of cotton crop last year and said that Adaptive Research Centre of Karachi University, in collaboration with PCCC, has set up a cotton maximisation project in Tharparkar district to achieve better results and cotton yield per acre in Sind.

Dr. Shaukat Bloch, Assistant Professor Entomology, Sind Agriculture University, Tandojam, spoke on pest management in cotton. President Chamber of Agriculture, (Sind), Syed Qamarulzaman Shah demanded, setting up of soil testing laboratories at 'Taluka' level, good quality and certified seed, together with proper guidance to growers.

The symposium was addressed among others by Syed Ali Mir Shah, President Abadgar Board, (Sind), Haji Fariduddin Siddiqi, Marketing Service Manager F.F.C., Dr. Muhammad Sadiq, Chairman Pakistan Agriculture Pesticides Association, Mr Rashid Bukhari,

CSO: 5400/4723

PEST ATTACK SAID TO RUIN COTTON CROP WORTH 5000 M RUPEES

Lahore THE PAKISTAN TIMES in English 13 May 84 p 6

[Text]

ISLAMABAD, May 12: The Chairman of the Pakistan Agricultural Research Council, Dr. Amir Mohammad, has said that cotton crop worth Rs 500 crore was lost this year due to pest attack as environmental factor had hitherto remained ignored.

Giving his presentation to the National Science Council he said that insect attack was a major threat to agriculture produce. That was one aspect which needed utmost attention in the context of environmental factor's relationship to the agricultural produce.

The PARC Chairman said that within the existing available resources Pakistan could produce 35 million ton wheat per annum instead of around 12 million ton provided better agricultural practices were adopted and bigger quantum of quality inputs were applied. The wheat yield at the farms of progressive growers stood at 6.425 ton per hectare as against 1.695 ton per hectare national average yield. It showed a gap of 4.730 ton per hectare which means tremendous national loss on recurring basis on account of low productivity.

He said that in almost all the major crops, Pakistan was achieving only 20 to 30 per cent of optimum level yield.

Stressing the need for expanding research facilities, Dr. Amir Mohammad said that two major resources, land and water, were shrinking while population was growing at a

fast pace. Unless we produce twice or thrice of the existing food production, the overall food availability would be drastically reduced in the next 20 years.

He said that if the insect problem was neglected we would have to spray our wheat crop also in future. So far we have been spraying only rice, sugarcane, maize, and cotton crops.

He said that in the past the question of evolving wheat varieties of higher nutritive value, flavour and quality and insect resistance had not been realised in true proportions. Our stress had been on augmenting wheat production and we had doubled the area under wheat cultivation. Efforts were now being made to evolve short-duration wheat varieties so as to increase cropping intensity by growing wheat after cotton and rice crops were removed from fields.

Dr. Amir Mohammad regretted that research equipment worth crores of rupees was lying idle in research institutions in the country for want of adequate knowledge to put it to use.

Talking about the need for augmenting the production of quality fruits and vegetables, he said that the targets of their export to the Gulf countries fixed under the Sixth Five-Year Plan would be hard to achieve if we failed to bring about the much needed qualitative change as the foreign buyers were quality conscious.

CSO: 5400/4719

UNIDENTIFIED BLIGHT MENACES CROPS

Lima EL COMERCIO in Spanish 4 May 84 p A-15

[Text] Arequipa--The corn, olive, and alfalfa crops are in danger of being exterminated as a result of destructive action by various pests in the Ensenada-Mollendo-Mejia irrigated farming zone.

So say the farmers in the area, who accuse officials in Agrarian Zone VIII of not having done anything to date in response to complaints about the problem. One rural worker said: "At the departmental [administrative subdivision] level, there is no special program to support the fight against pests."

The farmers report that the potato fields and some fruit crops are also in danger because of attacks by pests with which the planters are unfamiliar.

"We are experiencing difficulties at a time when it is essential to increase production and productivity. The situation is turning tragic for 300 farmers who have been cultivating over 300 hectares for many years," said one manager of the Agrarian Cooperative.

He added that losses due to the pests exceed 2 billion soles, and to that, he said, must be added the damage done to the irrigation systems by the floods and torrential rains. He said that the pests include the "margaronia," the red moth, and others. Biological control must be stepped up, as it has been in the Majes and Camana valleys, he said.

He recalled that the efforts of the farmers had turned La Ensenada-Mejia into a major center for olives, corn, and alfalfa, but that everything has now gone downhill. The area in question has achieved the highest production of various kinds of olives thanks to seedlings brought from Spain and Italy.

In conclusion, he said that it was up to the authorities to change course in order to rescue production in that region.

11798
CSO: 5400/2066

PHILIPPINES

BRIEFS

MINDANAO LOCUST MENACE CHECKED--Cotabato City--Massive aerial spraying operation in the three provinces in Central Mindanao saved agricultural crops from total devastation by locust swarms. Mauro Arciga, officer-in-charge of the Region XII office of the Ministry of Agriculture, said that the ministry's central office in Manila, acting on the report of serious locust threat on the agricultural crops immediately sent a light plane and spraying chemicals to the region. Continuous spraying eradicated the locust swarms in several municipalities. He said that the two big locust swarms in the municipalities of Datu Paglas in Maguindanao and Columbio, in Sultan Kudarat, were wiped out by the massive aerial spraying operation conducted during the past two weeks. He added that "locust scouts" were fielded to several strategic places to keep watch on possible recurrence of locust in certain areas where surviving locust might have laid eggs. Arciga said the ministry has sent enough chemicals. The ministry's aircraft was temporarily stationed at the General Santos City airport. This allows the plane's crew to conduct spraying sorties every now and then. Arciga added that technicians are now intensifying ground operations to detect signs of locust reappearance in the provinces of North Cotabato, Maguindanao, and Sultan Kudarat. These provinces, he added, were infested by locust swarms that threatened to devastate the agricultural crops in the region. (Roy C. Sinfuego) [Text] [Manila BULLETIN TODAY in English 21 May 84 p 17]

CSO: 5400/4424

BARK BEETLE INFESTATION WORSENS DURING FORESTRY STRIKE

Stockholm DAGENS NYHETER in Swedish 19 May 84 p 8

[Article by Kerstin Sedvallson]

[Text] "The employers are wrong to say that there is a dispute between the LO [Swedish Federation of Trade Unions] and the TCO [Central Organization of Salaried Employees]. It is the employers who are ignoring their responsibility."

So says Conny Andersson, senior representative of the TCO's Association of Forest and Agricultural Employees (SLF), concerning the conflict between the SLF and the Swedish Association of Forest and Agricultural Employers (SLA) of the SAF [Swedish Employers' Confederation], which does not want to give the timber measurers a collective agreement of their own.

The strike by 185 timber measurers to get their own agreement is now in its second week in southern Sweden. Another strike notice has been posted for 60 timber measurers who will go on strike in central Sweden on Wednesday 23 May.

Refusal

The employers have refused so far even to discuss a separate agreement for the timber measurers, saying that the SLA has signed a contract with the LO's Forest Workers Union, to which 130 timber measurers belong.

Another 640 timber measurers have gone over to the TCO union, feeling that it does a better job of taking care of the problems of timber measurers.

The employers have stated emphatically that they cannot sign two agreements for the same occupational class.

Lars-Gunnar Albage, the SAF's chief negotiator, told DAGENS NYHETER: "Regardless of what the SLF says, this is a dispute between the LO and the TCO. That is a fact."

As far as the employers are concerned, there is only one issue:

"We cannot get involved in jurisdictional disputes. There cannot be two competing agreements in the same contract area," points out Lars-Gunnar Albage.

Principle

"This is exactly the same problem that arose between the Transport Workers Union and the Dockworkers Union and in the SALF [Swedish Foremen's and Supervisors' Association] conflict at the Malmo City Theater with the Actors' Equity Association," recalls Lars-Gunnar Albage, and he adds:

"For us it is a matter of principle, no matter how thoroughly human it is for the timber measurers. We must have as few labor organizations as possible involved in the chain from tree to roll of paper. Think of the LO's industrial principle, according to which everyone in the same workplace belongs to the Metalworkers Union, whether he is a metalworker or a janitor."

In the middle of this seemingly unresolvable conflict, a strange third party has gotten involved: the speedy bark beetle, which at the moment is engaged in its hectic love life. Since the timber is lying where it is and not being measured and recorded by the timber measurers, the bark beetle is having a field day.

He and she are eating, making love, and multiplying at an undreamed-of rate. The forest owners are standing helplessly by and watching the destruction of their timber. There is also the danger that if the tribe of bark beetles increases to a really large number, the insects will also attack the growing forest.

Fast Verdict

As a result, the SAF tried to convince the labor court that the strike by the timber measurers was a public danger. But the labor court said no in a quick decision.

So the SAF has now turned to the government and Minister of Agriculture Svante Lundkvist for help against the devastating bark beetle. The minister of agriculture is aware of the problem, but it is not yet known what he may come up with to combat the beetles.

So what will the employers in the SLA do?

"We may find other ways of measuring timber, meaning that the timber measurers' jobs will be in danger," says Hakan Vestergren, chief forester for the Stora Kopparberg firm and chairman of the SLA.

11798

CSO: 5400/2529

GRAIN CROP THREATENED BY SCANIA BEETLE

Kuching SARAWAK TRIBUNE in English 30 Apr 84 p 10

[Article by John Mkamwa]

[Text]

When the pest was first spotted by peasants in a remote village in western Tanzania, it was nicknamed "scania". The farmers thought the insect resembled Scania trucks from Sweden which are common in Tanzania.

That was in March 1981. The cylindrical, brown beetles have since destroyed thousands of tons of grain in 12 of Tanzania's 20 regions. The destruction is likely to spread not only to the remaining parts of the country but also to neighbouring eastern and central African states

The beetle, previously unknown in the country, has been identified as the grain borer *Prostephanus truncatus*. It is known to occur in South America, Central America and the extreme south of the United States. Entomologists say the pest belongs to the family of bostrichidae and that most of the species in

this group are wood borers.

According to the Tropical Products Institute (TPI) of London, the scania beetle (*Prostephanus truncatus*) is very similar but slightly larger than the lesser grain borer *Rhyzopertha dominica*. Although in Tanzania the pest has so far proved destructive to maize, sorghum and cassava, both the adult beetle and larva will damage a wide range of crops including various roots and tubers, cereals, pulses, cocoa, coffee beans and groundnuts. It is also reported to damage wooden structures and utensils.

The TPI reports that infestation of maize may begin shortly before harvest and continue throughout storage. The beetle favours warm conditions and moderate humidity. Development from egg to adult takes approximately 27 days. The adult gains entry through the sheaths of leaves covering the maize cobs and then

of the dangers of scania.

Little work has been carried out on control of the pest. A number of chemicals have been used in attempts to destroy the beetle but success has been minimal. The first chemical recommended, "Actelic 2%", not only proved useless but scania also made a meal of it.

PROTECTION

A research centre has been set up with the help of scientists from TPI to find a solution to scania. Preliminary laboratory investigations at TPI indicate that the chemicals permethrin and pirimiphos methyl could provide protection for maize. As the beetle breeds better in maize cobs than in loose grain, farmers are advised to shell all their grain before treating it.

If insecticides are not available to the farmers, say TPI scientists, they should spread the grain out in the sun in a thin layer or store the grain in drums covered with a 10 cm barrier of ash or sand.

Researchers are also examining methods of combatting scania by using inexpensive local materials. These include mixing grain with tobacco dust and cotton seed oil. But it will need the combined efforts of the researchers, farmers and government to stop the scania menace in Tanzania and neighbouring countries.-IDRC

destroys the grains by boring from one to the next.

FEARS

The extent of the grain damage already caused by scania is not yet known. However, it is estimated that maize damage can be from 80 to 95 percent in small-holder granaries. According to the Ministry of Agriculture, the spread of the pest puts in danger about half of Tanzania's annual maize production of 1,500,000 tons. After three to six months' storage of maize cobs on some Tanzanian farms, TPI reports, weight losses as high as 33 percent were recorded, with an average of approximately 10 percent. These losses may exceed by far those caused by other storage pests of maize such as the angoumois grain moth (*Sitotroga cerealella*) or the maize weevil (*Sitophilus spp.*) under similar conditions.

A farmer from the Tabora region says that scania has destroyed the entire maize crop of a large number of homesteads. As a result, some farmers do not have seed for planting.

The TPI fears that scania has not reached its full devastating potential and may spread from Tanzania into other regions of Africa. It is therefore important that extension workers and inspectors of maize and other farm produce throughout eastern and central Africa be aware